Kentucky Mental Health Planning & Advisory Council Finance Committee October 14, 2010 1:00 - 4:00 p.m. DBHDID 100 Fair Oaks Lane, 4th Floor, Small Conference Room Frankfort, Kentucky

Members Present: Betty Jo Moss, Steve Shannon, Steve Liles, Steve Lyons, Rebecca Garrett, John Flickinger, Gayla Hayes, Jan Powe

Staff Present: Christie Penn, Melissa Runyon, Rachel Cox, PK Sims

Guests: Earlene Darby

Topic	Discussion	Next Steps
Call to Order and Introductions	Betty Jo Moss, Chair, called the meeting to order at 1:12 p.m. Members, staff and guests introduced themselves.	
Approval of July Mtg Summary	Steve Lyons made a motion to approve the July 8 th meeting summary. Steve Liles seconded and the motion carried.	
Workgroup Goals	Betty Jo reported that the ad hoc workgroup created during the meeting on July 8 th did not meet because members needed clarification of the goals. The Committee compared the Committee recommendations made at the July 8 th meeting with SAMHSA's recently released strategic initiatives for FFY 2011-2014. Members decided that the #1 priority made by the Council based on the 7-8-10 recommendations (Specialized Services and Supports for Transition Age Youth) fits nicely with SAMHSA initiatives #1, #2, #4, #5, #6, and #10. The second priority (Promotion of Mental Health Recovery in all CMHC services and programs) fits nicely with #1, #4, #5, #6, #8, #9, and #10. The third priority (Increased Funding for Family Member and Consumer-run Support Programs) corresponds well with #1, #4, #6, and #10. Members agreed that the Council is heading in the same direction as SAMHSA. Betty Jo stated that federal funding in the future will most likely require outcomes in all of the initiative areas.	The Council's recommended priorities and SAMHSA's strategic initiative are attached.
MOE Update	Rachel Cox provided an update on the state's Maintenance of Effort (MOE). SAMHSA requires each state to maintain expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant. In April,	

	* Please note that the CMHC may offer additional EBPs or allocate additional dollars to the EBPs listed. This only captures these designated funds.	
SFY 2010 CMHC Expenditures with EBP Designations	In SFY 2010 BHDID required the CMHCs to use 50% of their mental health block grant allocations on evidence based practices (EBPs). Members reviewed a new chart that lists: 1) the evidence based and promising practices that the regions proposed implementing for adults and children/youth in SFY 2011; and 2) the amount of funds the regions are allocating for those practices.	Chart attached.
SFY 2011 Funded Entities, Services and Supports	Members reviewed Table C: Description of the SFY 2011 Funded Entities, Services and Supports and recommended presentations about block grant initiatives from the following organizations: • Participation Station • NAMI Kentucky • Kentucky Partnership for Families and Children • Recovery Network of Northern Kentucky (NorthKey) • Office of Vocational Rehabilitation, including Johnson & Johnson/Dartmouth SE Grant.	These presentations will be scheduled for upcoming meetings. Table C attached.
	health expenditures in the calculation; SAMHSA directed the Department to include only funds spent on adults with SMI and children with SED in the calculation. Since this time, the department found a correction in the in-kind amounts of personnel costs. The Department has been given a couple of options. One is to request a Waiver for Extraordinary Economic Conditions A State may request a waiver to the MOE requirement if it can demonstrate that the MOE deficiency was the result of extraordinary economic conditions that occurred during the SFY in question (decreased tax revenues and unemployment increased). The second option is to submit information that might lead to a finding of material compliance. The relevant factors that SAMHSA considers in making a recommendation include: 1) whether the State maintained service levels, 2) the State's mental health expenditure history, and 3) the State's future commitment to funding mental health services. The Department has not made a decision about which option it will choose.	
	CMHS asked the Department to recalculate the numbers for the previous 5 years. The Department met the MOE requirement for those 5 years, but was deficient by \$54,791 for SFY 2010. In the past the Department included all mental	

Mental Health Client-Level Reporting	Melissa Runyon presented information provided by Hope Barrett to committee members regarding the main focus for the new grant cycle of the State Mental Health Data Infrastructure Grant for Quality Improvement (DIG). The purpose of the DIG is to enable collection and reporting of client level data by states for 5 of the 10 NOMS by December 1, 2013. At that time, Kentucky will begin to send raw data to SAMHSA, instead of the compilation we currently send them. The 5 NOMS are Employment/School Attendance, Stability in Housing, Criminal Justice Involvement, Utilization of Psychiatric Inpatient beds, and Access/Capacity: Number of Persons Served with Demographic Characteristics. SAMHSA has worked with 9 states to pilot this initiative. Hope will keep us updated on this initiative; questions can be directed to her at Hope.Barrett@ky.gov or (502) 564-4860.	
WebBGAS Website	Christie Penn reviewed the WebBGAS website, including how to review reports and how to leave comments. https://bgas.samhsa.gov/cmhs2011/ , Username: KY_citizen, Password: Frankfort#1121545	
Adjourn	Steve Liles made a motion to adjourn at 4:01 PM. Rebecca Garrett seconded and the motion carried.	Next Meeting April 14, 2011 11:00AM— 4:00PM DBHDID, Frankfort